

Appendix G  
Inspection Report

## INSPECTION FORM

All inspections performed on this site shall be in accordance with this form and the requirements set forth in the Commonwealth of Virginia Department of Environmental Quality General VPDES Permit for Discharges of Stormwater from Construction Activities.

**Inspection Date:** \_\_\_\_\_

**Qualified Inspector:**

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Qualifications: \_\_\_\_\_

**Inspection Schedule:**

*Discharges to surface waters:*

- Once every 5 business days; or
- Once every 10 business days and no later than 24 hours following a measurable storm event

*Discharges to impaired waters, surface waters within a TMDL watershed, or exceptional waters:*

- Once every 4 business days; or
- Once every 5 business days and no later than 24 hours following a measurable storm event

**Measurable Storm Event(s) since last inspection :** \_\_\_\_\_

Best Management Practices (BMPs)	In Compliance with SWPPP?	Corrective Action Needed ( <b>attach photos</b> ); Responsible Party	Date Corrective Action Taken
Erosion and Sediment Controls	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stormwater Management Controls (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Pollution Prevention Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Certification**

“I certify under penalty of law that I have read and understand this document and that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Operator Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_